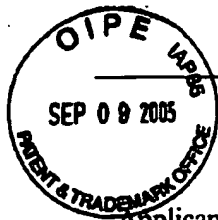


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Please Direct All Correspondence to Customer Number 20995

AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Kurt Zimmerman
 App. No : 09/891,030
 Filed : June 25, 2001
 For : SYSTEM AND METHOD OF
 IMPROVED COMMUNICATION
 Examiner : Thomas E. Shortledge
 Art Unit : 2654

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

September 6, 2005

(Date)

James B. Bear, Reg. No. 25,221

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) Response to Office Action in 9 pages.

The fee has been calculated as shown below:

The present application qualifies for Small Entity Status under 37 CFR 1.27.

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Excess Claims > 20	32 - 28 = 4	2202 (\$25)	4 x 25 =	\$100
Independent > 3	4 - 4 = 0	2201 (\$100)	0 x 100 =	\$0
Multiple Claim	1.16(j)	2203 (\$180)		\$0
TOTAL FEE DUE				\$100

(X) A check in the amount of \$100 is enclosed.

(X) Return prepaid postcard.

Docket No.: KZIMM.001A


September 6, 2005

App. No.: 09/891,030

Page 2 of 2

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- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



James B. Bear
Registration No. 25,221
Attorney of Record
Customer No. 20,995
(949) 760-0404

1914352
090605

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

K 21 MM.001A

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	28	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	28 minus 20 =	8
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	32	28	12
Independent	4	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	355.00
X\$ 9=	72
X40=	40
+135=	
TOTAL	467

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	

SMALL ENTITY TYPE ☐

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	100.00
X80=	
+270=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	

Best Available Copy